PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90066 027 ***150.00

DOCUMENT # **P98000016235**

BANKS FINANCIAL CORPORATION

	Haraman Land Barrens Stranger Control of the Stranger		•			`				
Principal Place of Business Mailing Address			Address	_			IT A A T 45 0 1010 to (0(1) 06114 01	AAN WENE BUILD II	010 61110 1190s	(i)e: B(ti (BB)
111 SOUTH MACDILL AVE TAMPA FL 33609			111 SOUTH MACDILL AVE TAMPA FL 33609						<i>:</i>	
						DO NOT WRITE IN THIS SPACE				
						3. Date Inco	orporated or Qualifed			
2. Principal P	lace of Business	2a. Maili	ng Address			4. FEI Num	ber		Ap	plied For
21	1000 01 00011000	26	.			59	_ 1999435		No	t Applicable
Suite, Apt.	#. etc.		e, Apt. #, etc.				COLL Desired		\$8.75 A	dditional
22	,	27	•			5. Certifcate	of Status Desired		Fee Re	quired
City & Stat	le		& State			6. Election (Campaign Financing		\$5.00	May Be
23	•	28				Trust Fur	nd Contribution		Added to	o Fees
Zip	Country	Zip	-	Count	гу	8. This corp	oration owes the cur	rent year Inta		—
24	25	29		30			Property Tax.		<i></i>	□No
	9. Name and Address of Curr	ent Registered	Agent		di Mana	10. Name ar	d Address of New	Registered A	gent	
140	SHED GEVEEDEN N			ľ	1 Name					
	SHER, GEOFFREY K NEST JEFFERSON S T.			8	2 Street	Address (P.O. Box N	lumber is Not Accept	able)		_
	OKSVILLE FL 34601			-		3 W Ft Dag	16 H/6			
DNC	ONSVILLE PL 34601			. 8	3				•	
				8	4 City Q	roaksville			85 Zip (ode 60/
					P	C04K3V(10	ii.:	FL		
office or a	to the provisions of Sections 607.0 registered agent, or both, in the Sta	te of Florida. Su	ich change was au	uthonzed b	v the come	corporation submits oration's board of dire	this statement for the ectors. I hereby acce	pt the appoin	tment as re	gistered
agent. I a	im familiar with, and accept the obli	gations of, Secti	on 607.0505, Flori	ida Statute	es.			•		
SIGNATURE								DATE		
40	Signature, typed or printed name of registered a	AND DIRECTOR		Registered Ag	jent signature r	equired when reinstating)	IS/CHANGES TO OF		DIRECTO	RS IN 12
12.	UPFICERS:	AND DIRECTOR	DELETE	1,1 TITLE		D	10/0/1/4/1020 10 01	1102/10741	Change	Addition
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:



3-21-99 813-870-3457